MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12099

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall Md; LENGTH OF STAY (in this place) 44; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall (Rural); STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) George (Middle) C. (Last) Barnes

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 4-1867

9. AGE last birthday: 82 yrs. If under 1 year: Months 5, Days 10; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gentleman

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henery Barnes

14. MOTHER'S MAIDEN NAME: Henritta. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT: Dallas Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Chron nephritis	10 years
131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Femoral arteriosclerosis	12 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1935, to Dec 14, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 5.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P J Bean MD; ADDRESS: Great Mills Md; DATE SIGNED: Dec 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Dec 17-1949; NAME OF CEMETERY OR CREMATORY: Mon Hair Cemetery; LOCATION (City, town, or county) (State): Hermansville St Marys Md

DATE REC'D BY LOCAL REG.: Dec 15-49; REGISTRAR'S SIGNATURE: P J Bean MD

24. FUNERAL DIRECTOR: Jos C. Mattingly Leonardtown Md

RECEIVED
DEC 19 1949
BUREAU OF S.

Evidence for addition of #8,9 shown on:

FILM No. G 123 DEC 12 1949

12100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH — COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hunterville — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlotte Hall
STREET ADDRESS (If rural give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Raney

4. DATE OF DEATH (Month) 12 (Day) 5 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: About 1882 Unknown
9. AGE last birthday: Approx 67+ Unknown yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman
10b. KIND OF BUSINESS OR INDUSTRY: Handyman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: George Henry Halley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Chronic Valvular Heart disease

92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exhaustive from neglect; and

(c) Lack of proper nourishment

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1949, to Dec 4, 1949, that I last saw the deceased alive on Nov 24, 1949, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Levin J Solomon — (Degree or title) M.D. — ADDRESS: Charlotte Hall — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/1/49 — NAME OF CEMETERY OR CREMATORY: Alms House — LOCATION (City, town, or county): Leonardtown — (State): Md

DATE REC'D BY LOCAL REG.: 12-5-49 — REGISTRAR'S SIGNATURE: Eleanor S. Canter — 24. FUNERAL DIRECTOR: Jas C Mattingley — ADDRESS: Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 6 1949
BUREAU V. S.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

12101

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 272

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) A. (Last) Burch
4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1-27-1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Labor.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John A. Burch
14. MOTHER'S MAIDEN NAME Julia E. Gibons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Grace M. Lyon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	6 hrs.
825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) multiple fractures, compound & single	6 hrs.
170c	(c) Hemorrhage.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) New Market (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 25 (Year) 49 (Hour) 3:30 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian L. Sau (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 12/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/27/49
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) Aquasco (State) Md.
DATE REC'D BY LOCAL REG. 12/26/49
REGISTRAR'S SIGNATURE Carvalho
24. FUNERAL DIRECTOR A. B. Robinson ADDRESS Leonardtown Md.

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12102

Reg. Dist. No. 2 5 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colton Point — LENGTH OF STAY (in this place) 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Palmers Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Louvinia (Last) Cheseldine

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Sept 24 1867 — 9. AGE last birthday: 82 yrs. — If under 1 year: Months 2 Days 29 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife — 10b. KIND OF BUSINESS OR INDUSTRY: Home wife — 11. BIRTHPLACE (State or foreign country): Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Goldsborough — 14. MOTHER'S MAIDEN NAME: Mary Sarah Ann Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Nelson A. Cheseldine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — 1 week

334 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 19 49, to 12-23, 19 49, that I last saw the deceased alive on 12-23, 19 49, and that death occurred at 3.40 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Robert V. Palmer — M D — Avenue Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 26-1949 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Buck Wood St Marys Md

DATE REC'D BY LOCAL REG. 12-24-49 — REGISTRAR'S SIGNATURE: Robert V. Palmer — 24. FUNERAL DIRECTOR — ADDRESS: Jos C. Hattersley Leonardtown Md

VS. A15

RECEIVED
JAN 2 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12103

CERTIFICATE OF DEATH

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: ST. MARYS · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood R-D | LENGTH OF STAY (In this place): 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NONE

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HOLLYWOOD, MD
STREET ADDRESS (If rural give location): R.F.D

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
LOUIS CHARLES DAVIS	DEC 3 1949	MALE	WHITE	WIDOWED	MAR. 4 1867	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WATERMAN	SAME	NEW YORK	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	T. W. DAVIS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Fibrillation

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
938 (b) Arteriosclerosis & Myocarditis

(c) Leg Gangrene of R. Foot

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. ..., 19 49, to Dec 3, 19 49, that I last saw the deceased alive on Dec 3, 19 49, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J J Greenwell M D		Leonardtown St Marys Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	12/6/49	Joy Chapel	Hollywood,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/5/49	Canvalus	Jos. C. Mattingley	Leonardtown

VS. A15

DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12104

Reg. Dist. No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville; LENGTH OF STAY (In this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph; (Middle) Alonzo; (Last) Fenwick

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-8-1910

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Louis Fenwick Sr.

14. MOTHER'S MAIDEN NAME: Mary R Toney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-12-4116

17. INFORMANT: Mary L. Fenwick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	immediate
	(c)	

929.1
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm (CITY OR TOWN) Beachville (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 10 (Year) 49 (Hour) 8 a.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Drowned in pool of water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John L. Lane (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12/14/49; NAME OF CEMETERY OR CREMATORY St. James; LOCATION (City, town, or county) St. James (State) Maryland

DATE REC'D BY LOCAL REG. 12/13/49; REGISTRAR'S SIGNATURE Carmack

24. FUNERAL DIRECTOR C. B. Robinson; ADDRESS Leonardtown Md

RECEIVED
DEC 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12105

CERTIFICATE OF DEATH

Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Dilmon (Last) Ferguson

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-11-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James A. Ferguson

14. MOTHER'S MAIDEN NAME: Catherine Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Myrtle M. Ferguson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 yrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

794a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3/49, 19..., to 12/13/49, 19..., that I last saw the deceased alive on 12/12, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Camalier M.D. ADDRESS Leonardtown, Md. DATE SIGNED 12/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/15/49; NAME OF CEMETERY OR CREMATORY: St. John; LOCATION (City, town, or county) (State): Hollywood, Md.

DATE REC'D BY LOCAL REG. 12/13/49; REGISTRAR'S SIGNATURE: Camalier

24. FUNERAL DIRECTOR: C. B. Robinson ADDRESS: Leonardtown, Md.

RECEIVED
DEC 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12106

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NAS, Patuxent River, Md.
LENGTH OF STAY (in this place): 2yrs 4mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Dispensary, NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Maryland
STREET ADDRESS (If rural, give location): Qtrs. 911D, NAS

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) Louise (Last) GENTA

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-1-46

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: John Louis Genta

14. MOTHER'S MAIDEN NAME: Joy D. Landon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): not
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Father, John Louis Genta

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis, cerebrospinal, Meningococcic — Interval between onset and death: 20 hours

Antecedent cause(s)

057.0

6

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN): -

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 12-12, 1949 to 12-12, 1949, that I last saw the deceased alive on 12-12, 1949 and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Paul Vaughan, CAPT MC USN

ADDRESS: Dispensary, US NAS, PatuxentRiver, Md.

DATE SIGNED: 12-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE: 12-14-49

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Carlinville, Illinois

DATE REC'D BY LOCAL REG.: 12/13/49

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: A. C. Robinson

ADDRESS: Leonardstown, Md.

RECEIVED
DEC 16 1949
BUREAU V. S.

12107

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Kentucky COUNTY Muhlemberg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleaton
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Dispensary, Naval Air Station, Patuxent River, Md.	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Leo	(Last) GRAHAM	4. DATE OF DEATH	(Month) 12- (Day) 21 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12-20-49	9. AGE last birthday yrs.	If under Months. I year Days If under 24 hrs. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY –	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Leon O. Graham		14. MOTHER'S MAIDEN NAME Ruth Huehls			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If year, give war or dates of service) --	16. SOCIAL SECURITY No. --	17. INFORMANT AND ADDRESS Leon Graham, 755A, MEMQ, NAS, Patuxent River, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity (26 weeks gestation)	13 hrs.
761.5 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature Labor	
160a	(c) Partial separation low implanted placenta	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec., 1949, to 21 Dec., 1949, that I last saw the deceased alive on 21 Dec., 1949, and that death occurred at 8:50 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. P. Moran	J. P. MORAN, CDR MC USN	Dispensary, US NAS, Patuxent River, Md.	12-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 12-22-49	NAME OF CEMETERY OR CREMATORY Poplar Hill	LOCATION (City, town, or county) (State) Valley Lee, Md.
DATE REC'D BY LOCAL REG. 12/22/49	REGISTRAR'S SIGNATURE Camalies	24. FUNERAL DIRECTOR P B Robinson	ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 24 1949
BUREAU V. S.

12108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 52 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Linehan (Last) Greenwell

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April-10-1868
9. AGE last birthday 81 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Maryland Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Linehan
14. MOTHER'S MAIDEN NAME Anna Hollern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Louis Hodges

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 Year

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease — 2 Years

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/15, 1949, to 12/25, 1949, that I last saw the deceased alive on 12/25, 1949, and that death occurred at 12.40 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 12/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 27 1949
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood St Mary's (State) Md

DATE REC'D BY LOCAL REG. 12/26/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joe C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12109

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edmond (Middle) Jenkins (Last) Hickey
4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4-13-1875
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John F. Hickey
14. MOTHER'S MAIDEN NAME: Annie C. Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edward J. Manning

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diverticulosis of colon	2 months
572.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 123	(b) Multiple diverticulae of colon	5 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dec. 2, 1949, to Dec. 5, 1949, that I last saw the deceased alive on Dec. 5, 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leonardtown, Md. 12/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/9/49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 12/5/49 | REGISTRAR'S SIGNATURE: Camalier
24. FUNERAL DIRECTOR: Gasch's Son ADDRESS: Hyattsville Md

VS. A15

RECEIVED
DEC 8 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12110

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Great Mills; STREET ADDRESS (If rural give location) Route 5 1 mile SE of Great Mills

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) Wayne (Last) Jarboe

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar. 14-1949

9. AGE last birthday: — yrs. If under 1 year: Months 9, Days 1; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Farran B. Jarboe

14. MOTHER'S MAIDEN NAME: B. Alice Jemison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Farran B. Jarboe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480 Immediate cause (a) Broncho pneumonia — Interval between onset and death: 1 day

330 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1949, to Dec. 15, 1949, that I last saw the deceased alive on Dec. 15, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beany M.D. ADDRESS Great Mills Md. DATE SIGNED Dec. 15, 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Dec. 18-49; NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery; LOCATION (City, town, or county) (State): Great Mills, St Marys Md.

DATE REC'D BY LOCAL REG.: Dec 15-1949; REGISTRAR'S SIGNATURE: P J Beany M.D.; 24. FUNERAL DIRECTOR: P. B. Robinson; ADDRESS: Leonardtown, Md.

RECEIVED
DEC 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12111

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Palmers
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Palmers
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Jones

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1949

5. SEX m
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 10-4-1903
9. AGE last birthday 46 yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Palmers Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Daily Jones
14. MOTHER'S MAIDEN NAME Anna Elizabeth Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William Bernard Young Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

334

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

830

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic rheumatism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1949, to 12-4, 1949 that I last saw the deceased alive on 12-4, 1949 and that death occurred at 7:42 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert V. Palmer

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-7-49
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bushwoods Md.

DATE REC'D BY LOCAL REG. 12-5-49
REGISTRAR'S SIGNATURE R. V. Palmer
24. FUNERAL DIRECTOR W. C. Mattingly Sons, ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU F. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12112

CERTIFICATE OF DEATH

Reg. Dist. No. 286

FILM No. G 12 FEB 8 1950

1. PLACE OF DEATH · COUNTY: St Marys · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abell · LENGTH OF STAY (in this place): 25	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abell
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Abell Md	STREET ADDRESS (If rural give location): Abell Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	J.	Maddox	Dec	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	Jan 15 1869	80 yrs.	10	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeping	none	Maryland St Marys	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henery Bond	Josephine A. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
—	—	Mrs Nellie Lee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy (Underlying cause) 2-8-50 — ams

334 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Chronic Bronchitis

(c) Pneumonia of both lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 6, 1949 to Dec 9, 1949, that I last saw the deceased alive on Dec 8, 1949 and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert V. Palmer My D avenue md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 12. 1949	Leonard Hunt	Buckwood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-16-49	Robert V. Palmer	Jno C. Mattingly	Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1949
BUREAU V. S.

12113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: St. Marys
County
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
St. Marys Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Carlton Osbey Myers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Adelle W. Myers
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 8, 1910

8. AGE: Years	Months	Days	If less than one day
39			hrs. min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation: Electrician
11. Industry or business

FATHER
12. Name: Thomas C. Myers
13. Birthplace: Virginia

MOTHER
14. Maiden name: Lelo Puckett
15. Birthplace: Virginia

16. Informant: Adelle O. Myers
Address: Leonardtown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/2/50 (month) (day) (year)
Cemetery or crematory: Wiskleff Cemetery
Location: Brookneal, Virginia

18. Funeral director: P.B. Robinson
Address: Leonardtown, Md.

19. 12/31 1949 Canalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 1949 at 10:38 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1949 to Dec 31 1949 and that I last saw him alive on Dec 31 1949

Immediate cause of death	DURATION
Bilateral Bronchial pneumonia	7 days
Due to —	
Due to —	
Other conditions —	

491 (10)
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wm O Boyd MD
M. D. or other
Address Leonardtown Md. Date signed 12/31/49

RECEIVED
JAN 3 1950
BUREAU V. S.

12114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown R.F.D. #2
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza
STREET ADDRESS (If rural give location) Leonardtown R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Reed
4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1906
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Robert Thomas
14. MOTHER'S MAIDEN NAME Jane Pye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Payton Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

331

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

830

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1949, to 12/13, 1949, that I last saw the deceased alive on 12/12, 1949, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 12/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 15-1949
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Marys (State) MD
DATE REC'D BY LOCAL REG. 12/14/49
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12115

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bush Wood
STREET ADDRESS (If rural, give location) Bush Wood Md

3. NAME OF DECEASED (Type or Print) (First) Trueman (Middle) Cross (Last) Slingluff
4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct 18-1874
9. AGE last birthday 75 yrs. If under 1 year Months 2 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Trueman C Slingluff
14. MOTHER'S MAIDEN NAME Anna R Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT Mrs James Montfort

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Penetrating shot gun wound of left lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

976
164c

INTERVAL BETWEEN ONSET AND DEATH: immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Maddox (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 12 (Day) 22 (Year) 49 (Hour) 8 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Julian J. Dave (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED 12/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burials
DATE THEREOF Dec 24-1949
NAME OF CEMETERY OR CREMATORY All Saints
LOCATION (City, town, or county) Oakley St Marys (State) Md

DATE REC'D BY LOCAL REG. 12/23/49
REGISTRAR'S SIGNATURE Cunnalis
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12116

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Park Hall; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Park Hall Md; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) Teresa (Last) Somerville

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 9 1936

9. AGE last birthday: 13 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: David Somerville

14. MOTHER'S MAIDEN NAME: Daisy Tennick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Daisy Somerville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6 months
002 Antecedent cause(s) 136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 5, 1949, to Dec 11, 1949, that I last saw the deceased alive on Nov 2, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P J Bean	MD	Great Mills Md	12/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-13-49	St James Cemetery	Park Hall Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 11/49	P J Bean MD	Wm C Mattingly Sons	Leonardtown Md

RECEIVED
DEC 13 1949
BUREAU V. S.

12117

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ave Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) Ave Maryland

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Joseph (Last) Tyer
4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 23-1927
9. AGE last birthday 22 yrs. If under 1 year Months 7 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Philip A. Tyer
14. MOTHER'S MAIDEN NAME Catherine Armstong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-22-0045
17. INFORMANT Juanita Frances Tyer

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary artery occlusion	recent
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. enlarged lymphatic glands

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none 2130 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian I. Jane (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED 12/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 31 1949
NAME OF CEMETERY OR CREMATORY Sacard Heart
LOCATION (City, town, or county) Bush Wood (State) Maryland
DATE REC'D BY LOCAL REG 12/29/49
REGISTRAR'S SIGNATURE Camalus
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 2 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12118

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Laurence (Last) Vallandingham

4. DATE OF DEATH (Month) Dec (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 10-1884
9. AGE last birthday 65 yrs. If under 1 year Months 4 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Lawson Vallandingham
14. MOTHER'S MAIDEN NAME Mary Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs W Laurence Vallandingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Hemur with shock	12/11/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fall resulting from cerebral hemorrhage	12/5/49
	(c) Arterial hypertension - First hemorrhage (cerebral	Aug 1946

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to Dec, 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 6.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Aloysius C. Welch MD. Chaptico Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 17-1949
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bush Wood St Mary's Md

DATE REC'D BY LOCAL REG. 12/16/49
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12119

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County St. Mary's County

City or town Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Frances Lillian Weems

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	M

6.(b) Name of husband or wife Charles Weems

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1908

8. AGE: Years 41 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Webster Brooks

13. Birthplace Maryland.

MOTHER 14. Maiden name Frances Kelly.

15. Birthplace Maryland.

16. Informant Charles Weems

Address Mechanicsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-49 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Morganza, Md.

18. Funeral director C B Robinson

Address Leonardtown Md.

19. 12/24 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 Dec 1949 at 7:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to Dec 24 1949 and that I last saw h.. alive on Dec 24 1949

Immediate cause of death	DURATION
Cerebral hemorrhage	1 hours
Due to Hypertensive cardio-vascular disease	1 yrs.
Due to	
Other conditions	

443

(Include pregnancy within 3 months of death)

932

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Ray Eyther, MD M. D. or other

Address Mechanicsville Date signed 24 Dec 49

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DEC 27 1949
BUREAU U. S.

12120

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2V1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Winston

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 49 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 2/25/1891

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? Us

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dasie M. Winston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Congestive Heart Failure — Interval Between Onset and Death: 2 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardtown Md. DATE SIGNED: 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 12/8/49 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Alexandria Va.

DATE REC'D BY LOCAL REG.: 12/8/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P.B.Robinson — ADDRESS: Leonardtown Md.

RECEIVED
DEC 10 1949
BUREAU V. S.

12121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

M

1. PLACE OF DEATH · COUNTY: ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ST. MARYS HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CALIFORNIA
STREET ADDRESS (If rural give location): RURAL

3. NAME OF DECEASED (Type or Print) (First) STELLA (Middle) MARIE (Last) WOODS
4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: JAN 5 1927
9. AGE last birthday: 22 yrs. — If under 1 year: Months 11 Days 14 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENNESSE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: H. C. WEST.
14. MOTHER'S MAIDEN NAME: PEARL LEE BROWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: JAMES HARRISON WOODS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Heart Failure	ca 3 weeks.
410 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Mitral Stenosis and Regurgitation	Several
92b	(c)	Rheumatic Heart Disease	years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1948, to Dec. 22, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 4 05 A.m., from the causes and on the date stated above.

SIGNATURE: Robert V. Fuchs. — (Degree or title) M.D. — ADDRESS: Leonardtown, Md. — DATE SIGNED: 12/22/49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): BURIAL — DATE THEREOF: 12/24/49 — NAME OF CEMETERY OR CREMATORY: PROVIDENCE — LOCATION (City, town, or county) (State): HAWKINS CO. TENN.
DATE REC'D BY LOCAL REG.: 12/22/49 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: JOS. C. MATTINGLEY — ADDRESS: LEONARDTOWN, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 24 1949
BUREAU V. S.